

**CHILD SUPPORT — GOOD CAUSE CLAIM FOR NONCOOPERATION****MANTENIMIENTO DE HIJOS — RECLAMACION DE MOTIVO JUSTIFICADO PARA NO COOPERAR**

<p>I feel that cooperating in establishing paternity and obtaining support would not be in the best interest of the child(ren) for whom aid is requested because:</p> <p>I expect it to result in: A) <input type="checkbox"/> Physical B) <input type="checkbox"/> Emotional harm to the child(ren).</p> <p>I expect it to result in: C) <input type="checkbox"/> Physical D) <input type="checkbox"/> Emotional harm to me which is so serious that it reduces my ability to adequately care for the child(ren).</p> <p>E. <input type="checkbox"/> The child(ren) were conceived due to incest or forcible rape.</p> <p>F. <input type="checkbox"/> Court proceedings are going on for the adoption of the child(ren).</p> <p>G. <input type="checkbox"/> I am working with a social agency helping me decide whether to place the child(ren) for adoption and the counseling sessions have not gone on for more than three months.</p>	<p>Creo que el cooperar para establecer la paternidad y obtener mantenimiento, no sería de óptimo beneficio para el niño(s) para el cual se está solicitando asistencia porque:</p> <p>Estoy segura que resultará en daño: A) <input type="checkbox"/> físico B) <input type="checkbox"/> emocional daño para el niño(s).</p> <p>Estoy segura que resultará en daño: C) <input type="checkbox"/> físico D) <input type="checkbox"/> emocional para mí el cual es tan grave que reduce mi capacidad para poder cuidar al niño(a) adecuadamente.</p> <p>E. <input type="checkbox"/> El niño(s) fue concebido como resultado de incesto o violación.</p> <p>F. <input type="checkbox"/> Actualmente se está gestionando en la corte la adopción del niño(s).</p> <p>G. <input type="checkbox"/> Estoy laborando con una agencia de servicio social para que me ayude a decidir si coloco al niño(s) para adopción, y las sesiones de orientación no se han llevado a cabo durante más de tres meses.</p>	<p align="center"><b>County Use Only</b> <b>Sólo para Uso del Condado</b></p> <hr/> <p>CASE NAME</p> <hr/> <p>CASE NUMBER</p> <hr/> <p>NAME OF CHILD(REN) INVOLVED</p> <hr/> <p>ABSENT PARENT INVOLVED</p> <hr/> <p align="center"><b>EVIDENCE PROVIDED</b></p> <p><input type="checkbox"/> No investigation <input type="checkbox"/> No evidence provided <input type="checkbox"/> Birth certificate <input type="checkbox"/> Medical records <input type="checkbox"/> Court documents <input type="checkbox"/> Social agency letter <input type="checkbox"/> Mental health professional letter <input type="checkbox"/> Sworn statement from other person <input type="checkbox"/> Other</p> <p align="center"><b>PUTATIVE FATHER CONTACT</b></p> <p><input type="checkbox"/> Applicant/Recipient informed in advance <input type="checkbox"/> Applicant/Recipient <input type="checkbox"/> Provided more evidence <input type="checkbox"/> Withdrew application <input type="checkbox"/> Requested discontinuance <input type="checkbox"/> Requested claim be denied</p>																
<p><i>"I want to claim Good Cause for refusing to cooperate for the reason(s) checked above. I understand that I may be asked to prove that I have Good Cause for refusing to cooperate."</i></p> <p><i>"Quiero invocar un motivo justificado para negarme a cooperar por las razones marcadas arriba. Entiendo que se me puede pedir que demuestre que tengo un motivo justificado para negarme a cooperar."</i></p>																		
SIGNATURE OF APPLICANT OR RECIPIENT FIRMA DEL SOLICITANTE O PERSONA QUE RECIBE LOS BENEFICIOS		DATE FECHA																
<p><b>County Use Only/Sólo para Uso del Condado</b></p> <p>TO: DA REPRESENTATIVE</p>		<p align="center"><b>THIS CLAIM IS FOR:</b></p> <p><input type="checkbox"/> CHILD SUPPORT      <input type="checkbox"/> MEDICAL SUPPORT</p>																
		DATE OF APPLICATION																
<p><b>PROPOSED DETERMINATION</b></p> <p>Good Cause: <input type="checkbox"/> does not exist      <input type="checkbox"/> does exist based on (Enter A, or B, or C . . . from above): _____</p> <p>COMMENTS:</p> <p align="right">Support Enforcement <input type="checkbox"/> may <input type="checkbox"/> may not proceed without applicant's or recipient's participation</p>																		
REPLY TO: COUNTY WELFARE DEPARTMENT REPRESENTATIVE		WORKER NUMBER																
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DA REPRESENTATIVE'S SIGNATURE		DATE																
		TELEPHONE																
<p><b>FINAL DETERMINATION</b></p> <p>Good Cause: <input type="checkbox"/> does not exist      <input type="checkbox"/> does exist based on (Enter A, or B, or C . . . from above): _____</p> <p>AFDC status at the time of Good Cause determination: <input type="checkbox"/> Applicant <input type="checkbox"/> Recipient <input type="checkbox"/> Medi-Cal Only</p> <p><input type="checkbox"/> Applicant has withdrawn application for AFDC.      <input type="checkbox"/> Applicant has withdrawn application for Medi-Cal.</p> <p><input type="checkbox"/> This case has been discontinued effective _____. Reason(s): _____</p> <p align="center">DATE</p>																		
COUNTY WELFARE DEPARTMENT REPRESENTATIVE SIGNATURE	DATE OF DECISION	SUPERVISOR'S SIGNATURE																
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<p><b>STATISTICAL SUMMARY</b> <i>(Instructions for completing section are on the back of this page)</i></p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:20%;"> <input type="checkbox"/> CLAIM OR APPLICATION WITHDRAWN OR AID DISCONTINUED (COMPLETE 1 AND 2 ONLY) </td> <td style="width:15%;">DATE WITHDRAWN</td> <td style="width:35%;"> 3. <input type="checkbox"/> GOOD CAUSE EXISTS BASED ON: (✓ ONE ONLY) </td> <td style="width:30%;"> 4. WAS DETERMINATION BASED ON PHYSICAL HARM WITHOUT EVIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO </td> </tr> <tr> <td> <input type="checkbox"/> FINAL DETERMINATION (COMPLETE 1 - 6 IF GOOD CAUSE EXISTS OR 1,2,7, AND 8 IF GOOD CAUSE DOES NOT EXIST.) </td> <td>DATE OF DETERMINATION</td> <td> A <input type="checkbox"/> PHYSICAL HARM TO CHILD(REN)  B <input type="checkbox"/> EMOTIONAL HARM TO CHILD(REN)  C <input type="checkbox"/> PHYSICAL HARM TO CARETAKER  D <input type="checkbox"/> EMOTIONAL HARM TO CARETAKER  E <input type="checkbox"/> INCEST OR FORCIBLE RAPE  F <input type="checkbox"/> LEGAL ADOPTION BEFORE COURT  G <input type="checkbox"/> PREADoption SERVICES </td> <td> 5. WAS DETERMINATION BASED SOLELY ON EXAMINATION OF EVIDENCE WITHOUT INVESTIGATION? <input type="checkbox"/> YES <input type="checkbox"/> NO  6. MAY ENFORCEMENT PROCEED WITHOUT APPLICANT/RECIPIENT PARTICIPATION? <input type="checkbox"/> YES <input type="checkbox"/> NO  7. <input type="checkbox"/> GOOD CAUSE DOES NOT EXIST. </td> </tr> <tr> <td colspan="2"> 1. STATUS AT TIME OF CLAIM  <input type="checkbox"/> APPLICANT   <input type="checkbox"/> RECIPIENT _____  <div align="right">(DATE OF CLAIM)</div> </td> <td></td> <td> 8. WAS CLAIMANT AN APPLICANT AT TIME OF CLAIM, BUT A RECIPIENT AT FINAL DETERMINATION? <input type="checkbox"/> YES <input type="checkbox"/> NO </td> </tr> <tr> <td colspan="2"> 2. WAS CLAIM BASED ON PHYSICAL HARM WITHOUT EVIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO </td> <td></td> <td></td> </tr> </table>			<input type="checkbox"/> CLAIM OR APPLICATION WITHDRAWN OR AID DISCONTINUED (COMPLETE 1 AND 2 ONLY)	DATE WITHDRAWN	3. <input type="checkbox"/> GOOD CAUSE EXISTS BASED ON: (✓ ONE ONLY)	4. WAS DETERMINATION BASED ON PHYSICAL HARM WITHOUT EVIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> FINAL DETERMINATION (COMPLETE 1 - 6 IF GOOD CAUSE EXISTS OR 1,2,7, AND 8 IF GOOD CAUSE DOES NOT EXIST.)	DATE OF DETERMINATION	A <input type="checkbox"/> PHYSICAL HARM TO CHILD(REN) B <input type="checkbox"/> EMOTIONAL HARM TO CHILD(REN) C <input type="checkbox"/> PHYSICAL HARM TO CARETAKER D <input type="checkbox"/> EMOTIONAL HARM TO CARETAKER E <input type="checkbox"/> INCEST OR FORCIBLE RAPE F <input type="checkbox"/> LEGAL ADOPTION BEFORE COURT G <input type="checkbox"/> PREADoption SERVICES	5. WAS DETERMINATION BASED SOLELY ON EXAMINATION OF EVIDENCE WITHOUT INVESTIGATION? <input type="checkbox"/> YES <input type="checkbox"/> NO 6. MAY ENFORCEMENT PROCEED WITHOUT APPLICANT/RECIPIENT PARTICIPATION? <input type="checkbox"/> YES <input type="checkbox"/> NO 7. <input type="checkbox"/> GOOD CAUSE DOES NOT EXIST.	1. STATUS AT TIME OF CLAIM <input type="checkbox"/> APPLICANT <input type="checkbox"/> RECIPIENT _____ <div align="right">(DATE OF CLAIM)</div>			8. WAS CLAIMANT AN APPLICANT AT TIME OF CLAIM, BUT A RECIPIENT AT FINAL DETERMINATION? <input type="checkbox"/> YES <input type="checkbox"/> NO	2. WAS CLAIM BASED ON PHYSICAL HARM WITHOUT EVIDENCE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
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# INSTRUCTIONS

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## INDIVIDUAL CASE REPORT

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The statistical summary section is to be completed when a final claim determination is made or when a claim is withdrawn. A claim is considered withdrawn if the applicant/recipient withdrew the claim; withdrew the application; requested discontinuance; or if the county cancelled or otherwise disposed of the claim **before** a final determination is made.

CLAIM WITHDRAWN - If claim or application was withdrawn or aid discontinued, check (✓) box and enter date when claim was withdrawn. Complete Items 1 and 2 and leave rest of items blank.

FINAL DETERMINATION - If a final determination was made, check (✓) box and enter date when the final determination was made. Complete Items 1 - 6 if determined that good cause exists or items 1, 2, 7 and 8 if determined that good cause does not exist.

1. Enter date when claim was made and check (✓) appropriate status box
  - check "applicant" for a new application or restoration.
  - check "recipient" for a redetermination or intercounty transfer.
2. Based on the claim made, determine if YES or NO and check (✓) appropriate box
  - check YES if reason given was physical harm to child and/or caretaker and no evidence was available, i.e., evidence does not exist.
  - otherwise, check NO.

NOTE: If more than one reason was given and one of the reasons was physical harm to child and/or caretaker, then:

- check YES if the final determination was based **solely** on the physical harm to child and/or caretaker **without** any evidence.
- otherwise, check NO.

3. If determined that good cause exists, check (✓) box.

3A - 3G. Check (✓) only one box for the good cause circumstance (reason). The good cause circumstance is the one upon which the **county's findings** determines that good cause exists. If based on more than one circumstance, check the most significant.

4. Based on the final determination that good cause exists, determine if YES or NO and check (✓) appropriate box
  - check YES if based **solely** on physical harm to child and/or caretaker **without** any evidence.
  - otherwise check NO.

NOTE: If checked YES, then item 2 must be checked YES and item 5 must be checked NO.

5. Based on the final determination that good cause exists, determine if YES or NO and check (✓) appropriate box
  - check YES if based on evidence only, i.e., no investigation was conducted
  - otherwise check NO.

NOTE: If checked YES, then item 2 and 4 must be checked NO.

6. Based on the final determination that good cause exists, determine if YES or NO and check (✓) appropriate box
  - check YES if determined that enforcement may proceed without applicant/recipient participation.
  - otherwise check NO.

NOTE: If checked YES, then item 2 and 4 must be checked NO.

7. If determined that good cause does not exist, check (✓) box.

8. Based on the final determination that good cause does not exist, determine if YES or NO and check (✓) appropriate box
  - check YES if determined that good cause does not exist but claimant's application or restoration request already had been approved.
  - otherwise check NO.